



Referring Provider Satisfaction Survey

Please fax your anonymous response to GAP using the contact information below.

Date: _____

To: Gastroenterology Associates of the Piedmont, P.A.

Fax to: (336) 765-2869

Phone #: (336) 448-2427

Re: Completed survey

of pages (including cover): 1

Survey:

Does your office use Epic software?

- Yes
- No

What percentage of your applicable patients would you estimate that you have referred to GAP for screening or diagnostic services?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Using the five point scale below, please rate your experience with GAP in the following areas:

	Very Dissatisfied	Dissatisfied	Neutral/ Don't know	Satisfied	Very Satisfied
Appointment availability	1	2	3	4	5
Ease of scheduling by your office	1	2	3	4	5
Customer Service	1	2	3	4	5
Availability of latest technology and skill sets	1	2	3	4	5
Quality of treatment plans	1	2	3	4	5
Timeliness of follow-up reports	1	2	3	4	5
Reputation of physicians	1	2	3	4	5
Overall experience	1	2	3	4	5

Do you have any comments or suggestions?

Thank you! Your feedback is highly appreciated and will be used to help us improve our practice.